

CHECKLIST

Fall Risk Factors

Patient _____

Date _____

Time _____ ☐ AM ☐ PM

Fall Risk Factor Identified

Present?

Notes

FALLS HISTORY

Any falls in past year?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Worries about falling or feels unsteady when standing or walking?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

MEDICAL CONDITIONS

Problems with heart rate and/or arrhythmia	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Cognitive impairment	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Incontinence	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Depression	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Foot problems	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Other medical problems	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

MEDICATIONS (PRESCRIPTIONS, OTCs, SUPPLEMENTS)

Psychoactive medications	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Opioids	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Medications that can cause sedation or confusion	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Medications that can cause hypotension	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

GAIT, STRENGTH & BALANCE

Timed Up and Go (TUG) Test ≥ 12 seconds	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
30-Second Chair Stand Test: Below average score based on age and gender	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
4-Stage Balance Test: Full tandem stance < 10 seconds	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

VISION

Acuity $< 20/40$ OR no eye exam in > 1 year	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
---	------------------------------	-----------------------------	--

POSTURAL HYPOTENSION

A decrease in systolic BP ≥ 20 mm Hg, or a diastolic BP of ≥ 10 mm Hg, or lightheadedness, or dizziness from lying to standing	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
--	------------------------------	-----------------------------	--

OTHER RISK FACTORS (SPECIFY BELOW)

	<input type="checkbox"/> Yes	<input type="checkbox"/> No	



Centers for Disease
Control and Prevention
National Center for Injury
Prevention and Control

2017

STEADI Stopping Elderly Accidents,
Deaths & Injuries